

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553 650

FILING DATE

APPLICANT(S)

Art. 34

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8	/					
9	/					
10		/				
11		/				
12		/				
13		/				
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46						
47						
48						
49						
50						
TOTAL IND.	<u>10</u>	↓		↓		↓
TOTAL DEP.	<u>22</u>	←		←		←
TOTAL CLAIMS	<u>30</u>					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57			/			
58				/		
59				/		
60				/		
61				/		
62				/		
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66				/		
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68				/		
69				/		
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88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94			/			
95			/			
96			/			
97			/			
98			/			
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						